

Technical Assistance Document for:

New York State
Office of Children and Family Services
INDIVIDUAL PROGRAM APPLICATION
Agency Summary (OCFS-5001)

The OCFS-5001 has been developed to gather required agency information for programs funded by Youth Development Delinquency Prevention (YDDP) funds, Special Delinquency Prevention Program (SDPP) funds, Runaway and Homeless Youth Act (RHYA) funds, as well as, other funding administered through the County Resource Allocation Process (RAP).

For programs who have received these funds in past, the OCFS-5001 looks similar to the OCFS-3105. Therefore, when we are asking for information like, implementing agency and address, the instructions or definitions for that information remains the same.

Example:

- **Implementing Agency:** Enter name of incorporated agency responsible for the program.
- **Address:** Enter the address to which correspondence should be sent.

The OCFS-5001 is requiring some new information about the agency as well.

Here are the additional areas to be addressed and instructions and/or guidance on how to answer them:

- * Youth Bureau Allocated _____
 *Youth Bureau Only
 - This area should only be filled in by a County or Municipal Youth Bureau. This figure should be what the Youth Bureau is actually allocating to the program applying for funds.
 - **Special note:** Please make sure that if you are allocating funds where matching dollars are required, that the appropriate percentages are met (reference the Fiscal Policies and Procedures Manual).

- Period of Actual Program Operation
FROM: _____ TO: _____
 - Enter the month and year that the program begins in (FROM) and the month and year that the program ends in (TO).
- Hours of Operation
FROM: _____ TO: _____
☐ Daily ☐ Weekly ☐ Monthly
 - Enter the hours that the program begins (FROM) and ends (TO). Then check if the program is offered on a Daily, Weekly or Monthly basis.
- ☐ Executive Director ☐ Board Chairperson ☐ Other
 - The other category has been added to the list of people who can sign on behalf of the applying agency. Please type in the title that we should use if it is other than Executive Director or Board Chairperson.
 - **Special note:** For Municipalities this should be your chief elected official (I.E. Mayor, Supervisor).
- EMAIL ADDRESS
 - We are asking the e-mail addresses for the Executive Director, Board Chairperson, or person listed in other category, as well as contact person and fiscal officer. Please enter the person's e-mail address that is related to their role for the agency that is applying. This e-mail should be a business or official e-mail address.
- WEBSITE (IF APPLICABLE)
 - If your agency has an **official** website please list it on this line.

If you need further technical assistance on the OCFS-5001, please contact your Regional Youth Development Coordinator. Complete list for Office of Youth Development Regional offices is available at:
http://www.ocfs.state.ny.us/main/Youth/regional_contacts.asp

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
INDIVIDUAL PROGRAM APPLICATION
Agency Summary

Sponsoring Municipality: _____ County: _____

Implementing Agency: _____

Program Title: _____

Agency Street Address: _____

| | | |
|-------------------------|----------|---------------------|
| Total Program Budget | \$ _____ | (100%) |
| OCFS Funds Requested | \$ _____ | (_____ % of Total) |
| *Youth Bureau Allocated | \$ _____ | |
| *Funding Category | _____ | |
| *Youth Bureau Only | _____ | |

City: _____ State: _____ Zip Code: _____

Federal ID#: _____

Charities Reg. #: _____

Period of Actual Program Operation

FROM _____ TO _____

Hours of Operation

FROM _____ TO _____

☐ Daily ☐ Weekly ☐ Monthly

☐ Executive Director ☐ Board Chairperson () ()
☐ Other _____ TELEPHONE NUMBER FAX NUMBER

PRINT NAME SIGNATURE

EMAIL ADDRESS WEBSITE (IF APPLICABLE)

CONTACT PERSON TITLE TELEPHONE NUMBER

EMAIL ADDRESS FAX NUMBER

FISCAL OFFICER TITLE TELEPHONE NUMBER

EMAIL ADDRESS FAX NUMBER

The Agency Is: ☐ Private, Not for Profit ☐ Public ☐ Religious Corporation

| PROGRAM SITES Most Significant (3 Maximum) | | Assembly Dist. No. | NYS Senate Dist. No. | Local Plan'g Bd | City Council District |
|--|------------------------------------|--------------------|----------------------|-----------------|-----------------------|
| Type | Address (Street, City, State, Zip) | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

MUNICIPAL AGENCIES ONLY

Check if: ☐ Joint Program ☐ Purchase of Service

1. Name of Other Participating Municipalities: _____

2. Is the attached Program Total Budget (Form OCFS-3107) a combined budget for all participating municipalities? ☐ Yes ☐ No

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